



# CITY OF WESTMINSTER

FINANCE DEPARTMENT  
8200 Westminster Boulevard  
Westminster, CA 92683  
(714) 898-3311

## SENIOR CITIZEN UTILITY USERS TAX EXEMPTION APPLICATION

I hereby claim exemption from utility users taxes imposed by Chapter 3.14 of the Municipal Code and certify that I am sixty-two years of age or older and that the combined gross income of all members of the household is less than \$18,000 per year.

### I am providing the following:

- ☐ Identification that I am sixty-two years of age or older.
- ☐ Proof of my residency at the service address indicated below.

### and any on of the following: (please check appropriate box)

- ☐ Copy of my latest Federal Income Tax Return.
- ☐ Copy of my California Senior Citizen's Tax Assistance Claim Form.
- ☐ Other document to substantiate income.

I understand it is a misdemeanor for people to receive the tax exemption knowing that they do not qualify to be exempt.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(PLEASE PRINT) (LAST) (FIRST)

SIGNATURE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

TYPE OF RESIDENCE    Single Family    Condominium    Mobile Home    Apartment    Other  
(Please circle one)

NUMBER OF PEOPLE LIVING AT THIS ADDRESS \_\_\_\_\_  
(Income certification must be filed for all household residents)

### UTILITY ACCOUNT NUMBERS

Cable TV \_\_\_\_\_  
Electricity \_\_\_\_\_  
Gas \_\_\_\_\_  
Telephone # \_\_\_\_\_  
(service provider) \_\_\_\_\_  
Water \_\_\_\_\_  
Cellular \_\_\_\_\_

### **FOR CITY USE**

Date Received: \_\_\_\_\_  
Approved:                      Yes    No  
By: \_\_\_\_\_

**PLEASE RETURN FORM TO CITY OF WESTMINSTER FINANCE DEPARTMENT**